

Adopt-A-Trail Volunteer Application

Contact Information	
Name:	Age (if minor):
Address:	City, State & Zip:
	Mail Address:
Parent/Guardian Information (if minor)	
Name:	Relationship:
<u> </u>	-Mail Address:
Emergency Contact	
Name:	Relationship:
Phone: E-	Mail Address:
Trail Information	
Requested Trail:	
Organization Name:	
Proposed Cleanup Schedule:	

If Over 18 Years of Age:

I Have Read And Understand the Adopt-A-Trail Program Policies, Safety Requirements and Volunteer Waiver:				
Participant:(Print Name)				
Signature:	Date:			
If Under 18 Years of Age:				
Participant: (Print Name)	Age:			
I Have Read And Understand the Adopt-A-Trail Program Policies, Safety Requirements and Volunteer Waiver:				
Parent/Guardian (Print Name)				
Signature: Parent/Guardian	Date:			

Return completed volunteer application and volunteer waiver to:

City of Murrieta
Attn: Adopt-A-Trail Program
1 Town Square
Murrieta, CA 92562
or by email to Rotis@MurrietaCA.gov

For any questions related to the Adopt-A-Trial program, please call (951) 304-PARK (7275).

THANK YOU FOR VOLUNTEERING WITH THE CITY OF MURRIETA



City of Murrieta Adopt-A-Trail Volunteer Waiver

"Waiver of Liability, Assumption of Risk, and Indemnity Agreement"

Trail Location:	Clea	anup Schedule:		
Participant Name (Print):		Participant Age (If minor):		
Participant Phone Number:		Participant Email:		
assigns, do hereby release, waive, dischanged any/all claims including the negligence of	arge, and covenant not to s of the City of Murrieta, its o	ay in: Above listed event, I, for myself, my heirs, perso ue The City of Murrieta, its officers, employees, and a ufficers, employees and agents, resulting in personal in nited to, participation in the Adopt-A-Trail Program.	gents from liability from	
Signature of Participant	Date	Signature of Parent/Guardian of Minor	Date	
"Adopt-A-Trail Safety Requirements" do document by this reference. This programming injuries. The specific risks vary from one major injuries such as eye injury or loss other wildlife, trash, pollution and wilder and infection with, SARS-CoV-2, the virus I have read the previous paragraphs an assert that my participation is voluntary Indemnification and Hold Harmless: I a procedures, costs, expenses, damages reimburse them for any such expenses Murrieta and that I am not covered ur Murrieta without compensation. As a cwaive, release and discharge any and all	cocuments which I have recommodate activity to another, but the activity to another, but the of sight, joint or back injuring ress environments to 4) care that causes Coronavirus Did I know, understand, and and that I knowingly assurated also agree to INDEMNIFY and and liabilities, including at incurred. I hereby acknowleder the City's workers' corondition of performing the rights that I, my heirs, assig	appreciate these and other risks that are inherent in the all such risks. In the HARMLESS from any and torney's fees brought as a result of my involvement edge that as a voluntary participant, that I am not a mpensation plan. I intend to perform voluntary seriabove referenced volunteer activities, I hereby known, agents or other representatives may have or which	are incorporated into this of the care taken to avoid es, bruises, and sprains 2) ake bites and exposure to and death 5) exposure to, in this event and I hereby death and I hereby deat	
officials as a result of performing said vo Murrieta, I specifically waive California C	clunteer services. In granting ivil Code Section 1542, which the creditor	does not know or suspect to exist in his favor at t	on the part of the City of	
responsibility to me for any personal injuthe negligence, both active and passive death) can arise out of my volunteer ach harmless the City of Murrieta, its emplotherwise be liable to me (or my heirs, made to me to induce me to release the	iry and/or property damage, of the City of Murrieta ar trivities; knowing the risk, royees, officers, agencies, or assigns, agents or other re City of Murrieta from liabili	officers, other volunteers, property owner, and one I may incur as a result of my voluntary participation, ad/or its employees. I understand that injury, accide nevertheless, I hereby agree to assume those risks at their volunteers and officials, who (through negligent presentatives) for damages. No promise, inducement ty for any personal injury and/or property damage increement been made to me in return for the express versions.	even when it results from ents or illnesses (including nd to release and to hold ce or carelessness) might t, or agreement has been curred by me as a result of	
and inclusive as is permitted by the law notwithstanding, continue in full legal fo Acknowledgement of Understanding: I and understand that I am giving up su	of the State of California and effect. have read this waiver of liabstantial rights, including	regoing waiver and assumption of risks agreement is not that if any portion thereof is held invalid, it is agrebility, assumption of risk, and indemnity agreement, my right to sue. I acknowledge that I am signing additional release of all liability to the greatest extent	eed that the balance shall, fully understand its terms, the agreement freely and	
Signature of Participant	Date	Signature of Parent/Guardian of Minor	Date	



CITY OF MURRIETA

ADOPT-A-TRAIL SIGN REQUEST FORM

Participant Name:	Date:	_
Below type or legibly print the name of the organiz	ation as you want it to appear on the sign:	

Adopt-A-Trail sign will be 18x12 inches in size



CITY OF MURRIETA

ADOPT-A-TRAIL NEXT 1 MILE

This trail has been adopted by

SPONSOR NAME HERE

For more information on the Adopt-A-Trial Program call (951) 304-PARK (7275) or visit the City of Murrieta website www.MurrietaCA.gov

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